

BROOKHAVEN NATIONAL LABORATORY  
ASSOCIATED UNIVERSITIES, INC.

UPTON, L.I., N. Y. 11973

TEL. AREA CODE 516 YAPHANK 4-6262

REFER:

April 28, 1970

Dr. John R. Totter, Director  
Division of Biology and Medicine  
U. S. Atomic Energy Commission  
Washington, D. C.

Dear John:

|                      |   |
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| US DOE ARCHIVES      |   |
| 326 US ATOMIC ENERGY |   |
| RG                   | COMMISSION  |
| Collection           | <i>DBM-EP FILES</i>                                     |
| Box                  | <i>682 JOB 6586</i>                                     |
| Folder               | <i>MAREA-D w/ Navy Resettlement<br/>Eniwetok - 1970</i> |

I would like to call to your attention certain difficulties concerning fulfillment of our responsibilities in the special medical surveillance of the Marshallese who were exposed to radioactive fallout in 1954. With the recent development of thyroid abnormalities and growth retardation in children, more comprehensive examinations and specialized treatments are required and our responsibilities have increased. The exposed people obviously deserve the best medical care that can be given under the circumstances and I am sure that you recognize our vulnerability and that of the AEC to criticism if every effort is not made to fulfill this objective.

The difficulties center largely around the interim medical surveillance between our annual surveys. During our annual visits we carry out as complete medical examinations as is possible under field conditions and treat or recommend treatment as indicated to both the exposed and the unexposed comparison populations under our surveillance. As you know the Trust Territory has the responsibility of the general medical care of these people. During the long interval between our surveys no specialized surveillance has been possible. Only a health aid is available in the outlying islands such as Rongelap and Utirik and his abilities are confined largely to first aid type of treatment. Every two to three months a cargo ship comes by and while copra is being loaded and goods traded a medical group, usually headed by a Marshallese practitioner, sees the sick, replenishes dispensary drugs, carries out emergency dental treatment and brings back patients who require hospitalization at the District center. The problem is complicated by the fact that about half of the exposed people have moved to the islands of Ebeye and Majuro. At these two islands, though medical care is considerably better, the exposed people are scattered among thousands of Marshallese and no individual surveillance of these people has been

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possible between surveys. We have therefore run into the serious difficulty of insuring adequate thyroid hormone therapy in the exposed population. Some of these people, particularly those that have had thyroidectomies, will become hypothyroid if a strict treatment schedule is not maintained. We have made every effort to insure continuity of the treatment program but medical personnel at the District centers charged with the treatment program responsibility just have not always been able to take the time to ferret out those people who have not shown up for their weekly medication.

I do not intend that the above statements should be interpreted as criticism of the Trust Territory. They have been laboring under great difficulties of budgetary restrictions, shortage of personnel and transportation facilities particularly for outer island medical care. Though definite progress is being made in the Marshalls and marked improvements in medical care can be seen, it will probably be some time before the medical care of the exposed Marshallese will be satisfactory. It would be unrealistic, of course, to expect medical care anywhere near on a par with American standards in the near future. Drs. Bond, Cronkite and I feel that the above facts should be brought to the attention of the AEC in view of the possibility of criticism by activist groups.

As I see it the only possible partial solution to this problem would be having a responsible individual with medical training directly responsible to us in the islands. With the shortage of medical personnel in the Trust Territory it is not likely that they will be able to furnish such an individual. In the past I have attempted unsuccessfully to get two health aids stationed on Rongelap. It is unlikely that we could get a physician that would be willing to fulfill these responsibilities. However it might be possible to obtain someone with medical training such as a retired Navy pharmacist's mate or his counterpart in the other services though I am not sure that we could find anyone that would be willing to fill this position. I had an opportunity to informally discuss these problems with the High Commissioner of the Trust Territory, Mr. Edward Johnston, during my recent trip to the Marshall Islands and he is in sympathy with our problem.

Sincerely,

*BA*  
Robert A. Conard, M.D.

RAC: jr

cc: V.P. Bond  
E.P. Cronkite

DOE ARCHIVES